

## DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

**AMENDED**

Registration District No. \_\_\_\_\_

149

Primary Registration District No. \_\_\_\_\_

1052

-Registrar's No.

344

FILED FEB 6 1963

**DATE AMENDED**

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

## INSTEAD OF

ITEM NO. SHOULD READ

**DOCUMENT**

**H. Hodgson**  
**MEDICAL CERTIFICATION**

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>2702 Lind Wood</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>GUSTAVUS FREDERICK BENTRUP</u>		4. DATE OF DEATH Month Day Year <u>1 20 1963</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-10-72</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED - PRES-MGR-RETAIL CREDIT ASSN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>ST. LOUIS, MO</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>NELL GUNTHER BENTRUP</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		17. INFORMANT Address <u>D. W. Newcomer's Sons Kansas City, Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>GASTRIC HEMORRHAGE</u>		INTERVAL BETWEEN ONSET AND DEATH <u>16 hours</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Senility - arteriosclerosis</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
21. I attended the deceased from <u>1957</u> to <u>1-20-63</u> and last saw him alive on <u>1-20-63</u> Death occurred at <u>11:45 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>F. H. Hodgson M.D.</u>		22b. ADDRESS <u>4301 MAIN</u>	
22c. DATE SIGNED <u>1-20-63</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>JAN-20-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ST. MATTHEWS CEM.</u>	23d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MISSOURI</u>
24. FUNERAL DIRECTOR <u>D.W. NEWCOMER'S SONS KAN. CITY, MO</u>		26. REGISTRARS SIGNATURE <u>Keith Long</u>	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Dean W. H. H.*

Licensed Embalmer No.

*4914*

P. O. Address

*Indy, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.